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ABSTRACT

A descriptive analysis of the problems of the elderly at the San Carlos Indian Reservation regarding health, illness, social pathology, environment, health delivery systems, and felt needs was conducted. Interview questionnaires were used to obtain data from 59 elderly on the reservation and 21 in an off-reservation nursing home; 39 younger family members of these elderly; key personnel in the Bureau of Indian Affairs, Public Health Service, and tribe; community health representatives, clergy, and other influential reservation people; and administrators of 4 off-reservation nursing homes with tribal elderly members. Among the findings were: although off-reservation facilities were satisfactory in providing for physical and medical needs, they did not provide adequately for their emotional needs; it was felt that placing the elderly in off-reservation nursing homes was detrimental to them and their families; everyone interviewed strongly felt that a reservation nursing home was needed; there was a high percentage of reservation people needing a nursing home as shown by the large number of hospital admissions for non-medical reasons and of elderly for whom admission to a nursing home had been advised; the observation that the 13 elderly who lived alone received at least partial care from neighbors and relatives and the lack of an organized form of recreation for the elderly indicated that a day care facility may be needed on the reservation. (NQ)

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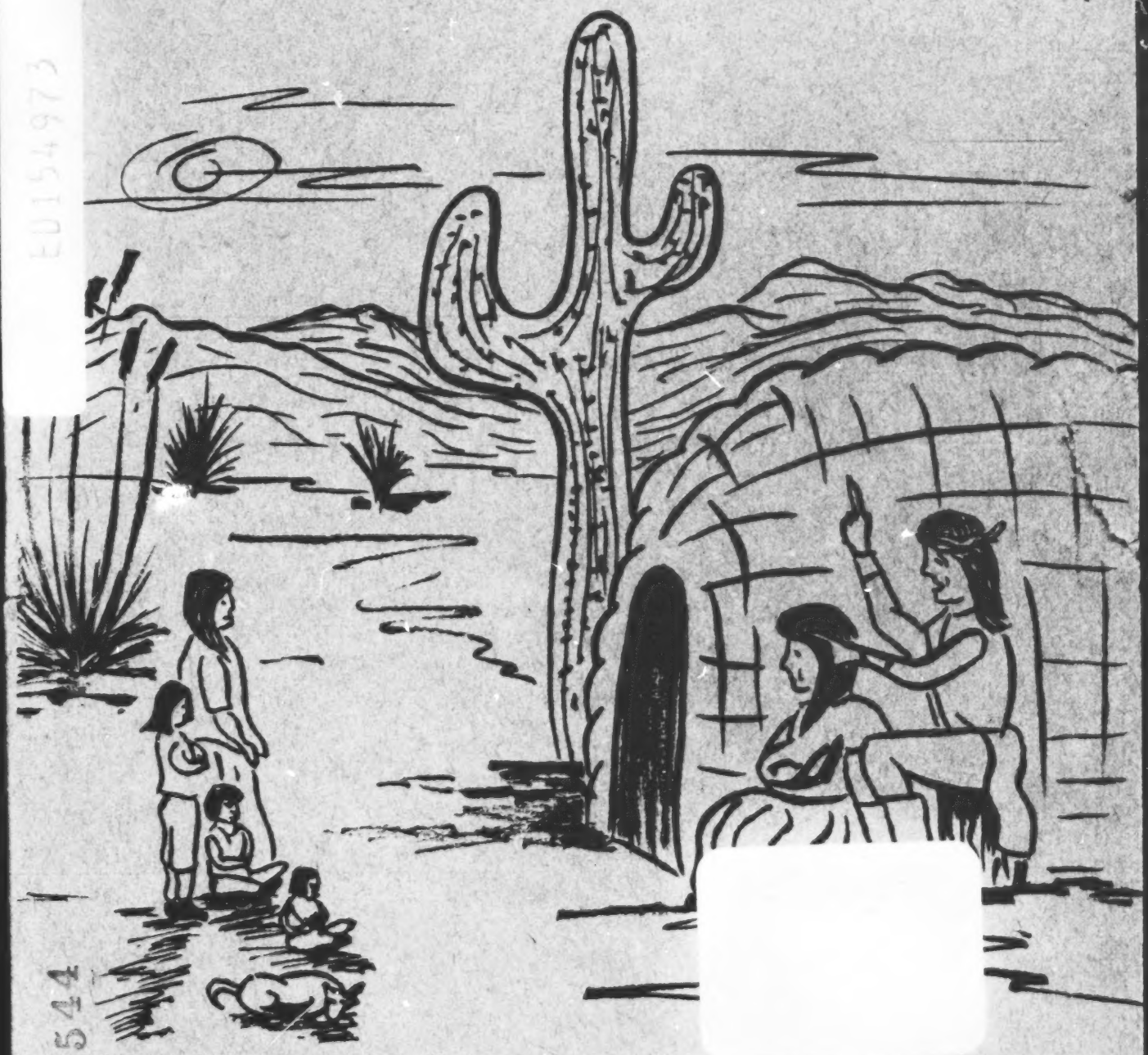
INDIAN HEALTH SERVICE TRAINING CENTER

TRAINING COURSE TC-71-2

February 15 thru March 5, 1971



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A study to descriptively analyze the problems of the elderly at the San Carlos Reservation with regard to health, illness, social pathology, environment, health delivery system, and felt need.

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COVER DESIGN

The San Carlos Apache people knew that their survival in the arid and semi-desert valleys and mesas of their lands depended on the teachings of the elders and the ability of their young to test the many things they learned at a very early age.

Traditionally, the elderly have served their people as recorders of history, carefully committing to memory the tales of the past and the Apache way of life, without benefit of a written language.

As the leaders of the San Carlos Apaches seek advice and counsel from their elders, they desire to provide care and meet the needs of the elderly, knowing that by so doing the elderly will be better able to devote their time to teaching the young.

The dwelling and dress shown in the illustration have now all but disappeared from the reservation but express the rich tradition of the people as remembered by the elderly.

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IHS Epidemiology and Health Services Management Class Number 71-2 from the Desert Willow Training Center, Tucson, Arizona extends their appreciation for the fine cooperation and assistance given us during our field study on the elderly of the San Carlos Apache Indian Reservation. In addition to the San Carlos Apache Tribe, the following people are gratefully commended for their services:

Bates, Charlie - Headstart Director and Area Health Board Representative

Cassadore, Phillip - Community Action Program Director

Harris, Kenneth - Social Worker

Hoffman, Dora - LPN

Jordan, Dena - Health Educator

Kashinsky, Daniel, M.D. - Service Unit Director

Ketcheyan, G. Mrs. - LPN Oshrin Hospital

Little, Horace - CHR Coordinator

McIntosh, Pauline - CHR

Martin, Victoria - CHR

Mull, Marvin - Tribal Chairman

Mull, Pauline - CHR

Talgo, Oliver - CHR

Wesley, Edmund - Vice-Chairman of Tribal Council and Chairman of the Health Committee

In addition a special thanks is given to the staff of the Desert Willow Training Center for their gracious hospitality and assistance.

Preface

I. The "Epidemiology and Health Services Management" course sponsored by the Indian Health Service Training Center, Tucson, Arizona, was attended by twenty-one individuals with varying professional backgrounds.

The first week of the course consisted of classroom lectures and practice exercises in management skills, leadership styles, program planning, epidemiology and field study design.

During the second week, a field study was conducted on the San Carlos Indian Reservation.

The third week was spent in compiling, coding, computing, analyzing the data, preparation of the report and presentation to a board of review.

II Purpose:

1. To provide management training for the study group
2. Field investigation of a significant health problem
3. Provide information to the San Carlos Tribe and the Indian Health Service.

III Objectives:

1. To descriptively analyze the problems of the elderly with regard to health, illness, social pathology, environment, health delivery systems, and felt needs using systematic management and epidemiological concepts.

Problem (Study)

A descriptive analysis of the problems of the elderly at the San Carlos Reservation with regard to health, illness, social pathology, environment, health delivery system, and felt needs.

Definition of Terms

1. Care - To render needed services.
2. Custodial Service - Care designed to assist an individual to meet the activities of daily living, and requiring the continuing attention of trained medical or paramedical personnel.
3. Descriptive Analysis - A narrative account of conditions as they exist.
4. Elderly - Any person 55 years of age and older.
5. Environment - The social, cultural, and physical conditions that influence the life of an individual or community.
6. Family Unit - A related group of individuals with an elderly person at home or in a nursing home.
7. Felt Needs - An intuitive want that cannot be scientifically proven.
8. Foreign - A condition or object from outside of the culture.
9. Health - The World Health Organization defines it as "a state of physical, mental, and social well-being and not merely the absence of disease."
10. Illness - The absence of health.
11. Nursing Home Services - Skilled care for patients who are unable to tend for themselves and is rendered in a facility.
12. Social Pathology - A disruption of interpersonal relationships.
13. Traditional - The handing down of opinions, doctrines, practices, rites and customs from ancestor to posterity.

Background

The San Carlos Apache Indian Reservation is located in the east southcentral portion of Arizona. It is bounded on the north by the Salt and Black Rivers, on the west by the Tonto National Forest, on the east by Gila and Apache National Forest, and on the south by Public Domain Lands. The southern boundary is marked by a mountain rim, the highest elevation of which is Mount Turnbull, 7,874 feet. The reservation comprises 1,648,000 acres of land located in Gila, Graham and Pinal Counties.

The land of the reservation consists of arid and semi-desert valleys and mesas in the south and southwestern portions and rolling range land rising to relatively heavily forested mountainous areas to the north. The valleys and mesas range from 2,400 to 4,000 feet in elevation and the mountainous sections from approximately 6,000 to 8,000 feet.

The lower portions of the reservation have a relatively warm climate for the period from May to Mid-October with days in excess of 100°F. The winters are mild with temperate days and cold nights. In the higher elevations, the summers are considerably cooler and the winters moderately severe. Rainfall varies from a few inches in the lower elevations to heavy in the higher elevations, including snow above 5,000 feet.

The reservation has a wide range of vegetation. In the southern desert areas, various types of cacti, mesquite and manzanita con-

stitute the principle flora. Ponderosa Pine is the prevalent commercial tree at higher elevations. Non-commercial areas feature pinon, juniper, scrub oak, alder, cottonwood, walnut, box elder, and sycamore.

The principle living areas are at 2,400 to 3,000 feet (villages of Bylas, Cutter, Gilson Wash, Lower Peridot, Peridot Heights, Seneca, Seven Mile Wash, and Upper Peridot). The administrative town of San Carlos is located within the Seven Mile Wash area. Principle villages are accesible by paved roads. Inter-state Highway 70 crosses the southern portion of the reservation at this elevation. Other portions of the reservation are reached by unimproved roads with the exception of the northwest corner which is traversed by Highway 60.

The surrounding off-reservation towns are Globe (pop. 6,299 - 1965), 26 miles to the west; Safford (5,165 - 1965), 60 miles to the east; Tucson (236,877 - 1965), 130 miles to the south, and Phoenix (505,666 - 1965), 111 miles to the west.

BACKGROUND - (Continued)

Population:

The official Indian Health Service population of the San Carlos Service Unit as of July, 1969, is estimated at 5,050. Age and sex distribution are shown in the following table:

Age Group	Male	Female	Total
Under 1	105	95	200
1 - 4	382	336	718
5 - 9	344	373	717
10 - 14	310	299	609
15 - 19	257	277	534
20 - 24	174	189	363
25 - 29	167	164	331
30 - 34	169	141	310
35 - 39	112	124	236
40 - 44	99	84	183
45 - 49	93	90	183
50 - 54	85	81	166
55 - 59	73	65	138
60 - 64	57	51	108
65 - 69	55	43	98
70 - 74	32	25	57
75 - 79	23	24	47
80 - 84	11	11	22
85 +	12	18	30
	2,560	2,490	5,050

BACKGROUND - (Continued)

The great majority of the approximately 5,000 members of the San Carlos Apache Tribe are full bloods. These Apaches are descendents of many bands which were relocated to the reservation under military supervision between 1872 and 1886. The hereditary homelands of these original reservation residents extended over large areas of Arizona and New Mexico. Although the population is still somewhat mobile, approximately 3,400 people live within a four-mile radius of the hospital. Another 1,048 live in Bylas, an Apache community twenty-five miles from San Carlos on the reservation. Residence of the entire San Carlos Apache Tribe is indicated in the following table:

Community	Population	Community	Population
Bylas	1,048	Calva	29
*Chrysotile Mine	15	*Claypool	15
*Clifton	4	Coolidge Dam	8
Cork	15	Cutter	65
Fort Thomas	9	Gilson Wash	1,126
Globe	75	*Hollywood	30
Mammoth	10	*Miami	30
Morenci	12	*Safford	100
Peridot	1,015	Seneca-Seven Mile	931
San Carlos (Agency Dist.)	75	*Superior	10
*Solomon	15	*Wilcox	5
*Thatcher	100		

*Located outside the San Carlos Reservation Boundaries.

Homes:

According to the Bureau of Indian Affairs (December, 1968), 996 nuclear families, averaging 4.5 members each, live in 910 homes on the reservation.

BACKGROUND - (Continued)

Of these homes, 848 do not meet the minimum housing standards. Typical dwellings are one or two room frame houses supplemented by a grass and brush covered "shade" (Ramada).

The majority of the homes on the reservation have electricity, and most have either natural gas or butane. P.L. 86-121 projects on the reservation are estimated to be 70% completed. All major communities except Gilson Wash and part of the Peridot area have safe water piped under pressure into the homes, and approved below-ground waste disposal. Some of the communities have sewer systems; other, more isolated home sites are equipped with septic tanks.

Forty-five homes have been completed through Mutual Self-Help, and 27 additional homes are near completion. More home improvements and low rent housing programs are being developed for the coming years. During FY-71 there are 25 homes scheduled to go in at Bylas and 19 in the Seven Mile Wash District.

Economic Status:

The estimated nuclear family income is $3,105 (BIA Office of Program Coordination: Per Capita Personal Income on Selected Indian Reservations, 1968), a per capita figure of $690 annually. Approximately 70% of the families on the reservation receive some form of welfare payment.

BACKGROUND - (Continued)

The breakdown is as follows:

Arizona State Welfare Department

- Old Age Assistance = 116
- Aid to the Blind = 15
- Aid to the Permanently and Totally Disabled = 80
- Aid to Dependent Children = 175

Bureau of Indian Affairs:

- Custodial Nursing Home = 20
- General Assistance = 25
- BIA - Tribal Work Program = 90

BACKGROUND - (Continued)

With an annual outpay of approximately one million dollars each year, welfare is the largest industry on the San Carlos Reservation. If the sum were broken down into an hourly wage for the head of the household, it would be $2.50 per hour; few local employers can compete with that wage scale. There are 822 families who receive the Surplus Commodity Food Supplement under the direction of the County Welfare Office. Although the labor force over 16 years of age is 1,028, only 650 are presently gainfully employed by one of the principle employers in the area: Bureau of Indian Affairs, San Carlos Apache Tribe, U.S. Geological Service Research Project, Office of Economic Opportunity, Western Pines Lumber Company, and the three copper mine companies. On a three year average, 236 individuals have left the reservation on various relocation projects.

Schools:

Of the estimated school-age figure of 2,200 (6-19 years), the following is a breakdown of schools and their populations as of May, 1970. Due to an inaccurate method of keeping track of transfer students, some are double counted in the figures.

Rice School Elementary (K-7)	San Carlos	940
St. Charles Catholic School (K-3)	San Carlos	70
Lutheran Mission School (K-8)	Peridot	120
Tribal Head Start Program	San Carlos	60
Tribal HeadsStart Program	Bylas	40
Fort Thomas Public School (1-12)	Fort Thomas	350
Globe Public School (7-12)	Globe	215
Lutheran Mission School (K-8)	Bylas	110
BIA Boarding Schools		No Information
LDS High School Family Placement Program		No Information
St. John's Catholic School	St. John's	25
Lutheran Mission School	East Fork	37

BACKGROUND - (Continued)

Of those children enrolled in schools in September 1969, approximately 185 dropped out of school; one-fourth of all Boarding School children dropped out before graduation. Sixty-five school aged children were not enrolled in any form of schooling during the 1969-70 school year. San Carlos has produced four college graduates in it's history, one of whom graduated during the 1968-69 school year. The 1968 Arizona Manpower Training Development and Training report stated the average educational level of the Arizona Indian was 7th grade, while the Non-Indian educational level was 12th grade. The average educational level for the San Carlos Apache in the report was 8th grade.

Communications:

There are a few telephones on the San Carlos Indian Reservation. In the Bylas area, telephones are practically non-existent. Nearly all homes have radios, and most have television sets. Radio station KIKO in Globe has a one-hour program once a week which is broadcast in the Apache language. The program usually consists of a talk by one of the tribal leaders in which news of the reservation is related to the people. There is one other Apache language program during the week on KIKO; a two hour music and news program. In addition, the radio station cooperates with the service unit staff in publicizing any new programs or projects on the reservation.

There is a weekly column in the Globe Newspaper in which news of the reservation, Public Health Service, Bureau of Indian Affairs, and other agencies is published.

Transportation:

Some of the people on the reservation have their own vehicles; the most popular is the pick-up truck. Most appear to have access to some means of transportation, either their own, their relatives, or their neighbors. There is usually a charge for providing transportation to a neighbor. Many of the people are within walking distance of the hospital.

There is no public transportation on the reservation although busses from the Greyhound Line will stop on Highway 70 to pick up passengers. There is a Public Health Service contract with the Tribe to provide ambulance service throughout the reservation on weekdays from 5:00 p.m., until 8:00 a.m., and 24 hours on weekends and holidays. A PHS driver and bus are provided to make two bus runs daily except Thursday to Bylas to pick up patients coming to San Carlos Clinics. On Thursday only one round trip is scheduled in the morning.

Tribal Organizations, Activities and Traditions:

The San Carlos Apache Tribal Council is composed of 12 members. There is a five-member Health Committee which was orginally organized in 1957. All committee members are councilmen.

In general, the Health Committee has not functioned too independently in the past, but under it's new chairman, the Committee has moved into action in directly advising the CHR Program and the Hospital in Community Health Matters. It is planned to encourage and

assist the Committee to become increasingly involved in the Service Unit Program.

The Hospital Auxiliary, composed of members of the Indian community, meets once a month. This group is interested in, and willing to assist the hospital with its problems. Both the Health Committee and the Auxiliary have participated in conducting CHR trainees from the Indian Health Service Training Center on tours of the reservation on several occasions. The Auxiliary is also the sponsoring organization for the San Carlos Save the Children Federation Program. Well over 250 children are now receiving aide from this program.

One Community Action Program has responsibility for the entire reservation. Under this program, five community coordinators work in districts and stimulate interest in various community programs. This group continues to be of invaluable help to the Hospital and the Community Health Representatives.

The San Carlos Apache people appear to be adapting readily to change. As a group they could be classified economically as poor, but are learning to use all the modern facilities and commodities. There are medicine-men in the community who are highly respected and at times utilized by the people. They do not, however, appear to inhibit the people's use of the health facilities.

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3. HEALTH RECORDS, U. S. Public Health Service: Hospital, San Carlos, Arizona, 1971.

4. MANUAL, EPIDEMIOLOGY AND HEALTH SERVICES MANAGEMENT COURSE, DWTC 71-2, U.S. Public Health Service, Indian Health Service, Desert Willow Training Center, Tucson, Arizona, 1971.

5. PHS-2500 PREMISE AND HOME ENVIRONMENTAL HEALTH SURVEY FORMS, Prepared by Offices of Environmental Health and Health Education, San Carlos, Arizona, 1971.

6. SCHOOL RECORDS.

Study Design and Methodology

Information Sources: To study the status of the elderly on the San Carlos Reservation, information was extracted by interviewing four sources:

1. A cross-section of the general population on the San Carlos Reservation. This questionnaire included:
   a. The elderly on the reservation.
   b. Younger members of the elderly's family.
   c. Younger family members with an elderly family member in an off-reservation nursing home.
2. Key Personnel in the Bureau of Indian Affairs, Public Health Service, Tribe, Community Health Representatives, clergy, and some other influential people on the reservation.
3. San Carlos elderly in off-reservation nursing homes.
4. Administrators of off-reservation nursing homes in which there are members of the San Carlos Apache Tribe.

Form Content: Three forms were developed for recording the desired information:

1. An interview questionnaire soliciting information from the general population of the San Carlos Reservation concerning health and social status of the elderly, attitudes of the elderly and the younger memebers of their families, and environmental factors. (See Appendix)

2. An interview questionnaire for some Key Personnel on the reservation soliciting information concerning the health status of the elderly and their opinions concerning their social, health, and environmental needs. (See Appendix)

3. An interview questionnaire soliciting information from the San Carlos elderly placed in nursing homes off the reservation. (See Appendix)

4. The information obtained from the general population was transferred to a set of IBM punch cards. A form was developed for recording this in a code suitable for a key punch machine.

Form Pre-Testing: The questionnaire was pre-tested in several different areas of the reservation, and needed changes made.

Field Procedures: The class was oriented at the San Carlos Reservation by the Tribal Chairman, Service Unit Director, Director and other representatives of the Community Action Program, Community Health Representative Coordinator, and a Tribal representative to the Area Health Board.

The class discussed the possible project topics and types of studies, and decided that a descriptive analysis of the status of the elderly would be undertaken. Next, the sources of information were examined. These sources were divided into three major categories and a task force was set up for each category. These task forces determined:

1 - From whom the data would be extracted.

2 - What data would be required from that population.

3 - How the data would be collected.

4. Who would collect the data.

Each task force then presented its findings to the group and received suggestions for change and alternative techniques. These groups then developed sample questionnaires and output formats.

The class was divided into two groups. One group was given the responsibility for taking the sample questions submitted by each task force, clarifying them and putting them in terms which might be easily communicated to those being questioned. The second group was responsible for the logistics of carrying out the interviews. Two people were assigned to each of the agencies on the reservation, i.e., BIA, PHS, and Tribal personnel. One person was assigned to securing information from off-reservation sources with the assistance of the class vice-chairman. The other class members were divided into four groups and a group was assigned to each of the four larger districts on the reservation. A CHR from each district accompanied three groups, and a Licensed Practical Field Health Nurse accompanied the fourth group.

The questionnaires were developed, pre-tested, altered, and changes were made as indicated. Each group was instructed in interview techniques, explanation of the questionnaire, and the area to be sampled.

The sampling consisted of some key personnel in the various reservation agencies; younger family members of Tribal members in off-reservation facilities; approximately 10% of all person's over 55 years of age, and younger members of their family.

Preparing the Report: During the third week, the class established the major divisions of the report. Four groups were formed for the following responsibilities:

1 - Organize and develop the demographic data, the cover, the bibliography, the purpose, and the acknowledgments.
2 - Describe the problem, record the working definitions, and report the methodology.
3 - Develop output tables and prepare a narrative report for data which does not lend itself to table form.
4 - Prepare the discussion of results, draw conclusions, consider recommendations, and organize the Appendix.

Because of the functions performed by each committee, the class members served on more than one committee. An editorial board was established to edit each portion of the report. The documents followed the following sequence:

COMMITTEE ⟶ COMMITTEE CHAIRMAN ⟶ EDITORIAL BOARD ⟶
CLASS ADVISOR ⟶ SECRETARY (Rough Draft) ⟶ PROOFREAD TO CLASS ⟶
CORRECTIONS (When Needed) ⟶ FINAL TYPING ⟶ HOLD AND SORT ⟶
PAGE NUMBERING ⟶ INDEX ⟶ PRODUCTION ⟶ ASSEMBLY

RESULTS

Cultural Factors Affecting Attitudes Concerning the Elderly at San Carlos Apache Reservation:

The San Carlos Apache is generally traditional in his attitude and outlook. He feels a close bond between himself, his land and tribe. Due to these social ties, he remains close to his home and has great difficulty in adjusting to separation from his way of life. The family is the center of the social order and is distinctly matriarchal in structure.

Attitudes Regarding Off-reservation Nursing Homes:

The close bond of the San Carlos Apache to his land and people creates a great sense of loneliness and depression when he is separated from them. Some of those interviewed, who had family members in nursing homes, expressed the feeling that the elderly had been sent away to die. For the Apache, the place to die is at home.

Many specific complaints supported the difficulty the elderly people have in adapting to another culture. The complaints most commoly expressed were: (1) adapting to unfamiliar foods; (2) communicating in a strange language; (3) lack of affection. The loss of the elderly from the home tends to bring about a change in the traditional Apache family structure.

Attitudes Regarding a on-reservation Facility for the Elderly:

In the interview sessions, a great interest was expressed in having a facility for the care of the elderly on the San Carlos Reservation.

Reasons for this interest were expressed without solicitation and, for the most part, were based on the traditionalist character of the people.

The most frequently expressed feelings for wanting a facility of their own were: (1) their own people would take care of them; (2) they would be able to speak in their own language; (3) they could have food to which they are accustomed; (4) their families could visit them more often; (5) a few expressed the employment potential which would be provided by an on-reservation facility.

Summary - On-reservation Family Units - (Continued)

The San Carlos Apache Reservation has approximately 500 elderly people (male and female) living on it. Eighty-four family units were questioned. This gave information on approximately 17% of the elderly. The following tables give a breakdown of those questioned grouped by age, sex, marital status, number of people in family unit, and district of residency.

Table 1

AGE GROUP	DISTRICT					
	GILSON	PERIDOT	7 MILE	BYLAS	NO ANSWER	TOTAL
55-64	4	0	4	7	0	15
65-74	11	6	2	1	0	20
75-84	5	8	4	3	0	20
85+	3	4	3	1	0	11
NO ANSWER	0	0	1	8	9	18

Table 2

AGE GROUP	MARITAL STATUS					
	SING.	MAR.	WID.	DIV.	NO ANSWER	TOTAL
55-64	1	6	6	2	0	15
65-74	5	6	9	0	0	20
75-84	2	6	11	0	1	20
85+	2	2	6	1	0	11
NO ANSWER	2	2	3	2	9	18

Table 3

AGE GROUP	SEX			TOTAL
	MALE	FEMALE	NO ANSWER	
55-64	6	9	0	15
65-74	9	11	0	20
75-84	9	11	0	20
85+	8	3	0	11
NO ANSWER	0	9	9	18
Total	32	43	9	84

Table 4

AGE GROUP	NO. OF PEOPLE IN FAMILY UNIT					
	1	2-4	5-7	7+	NO ANSWER	TOTAL
55-64	2	3	6	4	0	15
65-74	5	8	0	7	0	20
75-84	3	10	2	5	0	20
85+	3	1	2	5	0	11
NO ANSWER	0	1	5	1	11	18

Most of the people questioned, as indicated by the following table, felt that a nursing home is needed in San Carlos.

Percentage and number of each age group questioned who think that San Carlos needs a nursing home.

Table 5

	Elderly in Nursing Home	Elderly not in Nursing Home	Young with Elderly Living with Them	Young with Elderly in Nursing Home
Yes	21 (100%)	59 (97%)	41 (100%)	18 (95%)
No	0	2 (3%)	0	1 (5%)

Even though almost all of the elderly feel that a nursing home is needed, there is a great reluctance to accept placement in a nursing home off the reservation. (See Following Table)

The elderly on the reservation were asked if they would go to a nursing home on or off the reservation. Sixty-one were questioned.

Table 6

	YES	NO
Off Reservation	4	43
On Reservation	48	6
Regardless of Location	3	13

Reluctance to go may be because of the contributions of the elderly to family unit. The elderly are depended upon for financial and physical assistance in a large number of family units questioned. (See Following Table)

Percentage of elderly depended upon by family unit for physical and financial assistance. Sixty-one family units questioned.

Table 7

	PERCENT	NUMBER
Financial Assistance	32%	20
Physical Assistance	60%	36

As seen in the following table, the majority of the people questioned felt that the elderly are an obligation of the family.

These questions were asked of the young and of the elderly on the reservation.

Question: Who do you think should take care of the elderly?

Table 8

	ELDERLY		YOUNG	
	No.	%	No.	%
Family	24	40	15	40
Tribe	9	16	8	21
PHS-BIA	23	38	6	16
Other	3	6	9	23

The majority of elderly questioned appeared to be, or claimed to be self-sufficient. (See Following Table)

Percentage of elderly stating that they can perform "essential functions" for themselves. (61 elderly people questioned)

Table 9

		NUMBER
Cooking	72%	47
Bathing	95%	58
Feeding	100%	60
Dressing	99%	59
Getting to medical attention	70%	41

Only a small number of those questioned had been advised by medical or paramedical personnel (primarily social worker) to enter a nursing home. (See Following Table)

Number of on-reservation elderly questioned who have been advised to go to a nursing home.

Table 10

By Family	2
By Doctor	5
By Social Worker	4
TOTAL	11

SUMMARY - Of Off-reservation Patients and Facilities

This part of the study is concerned with the San Carlos Apache people in nursing and custodial homes off the reservation. Included in this portion is data from interviews with nine (9) male and twelve (12) female patients, and the administrative directors of four nursing home facilities:

1) American Indian Nursing Home (Laveen)
2) South Mountain Home (Phoenix)
3) Oshrin Hospital (Tucson)
4) Gila County General Hospital (Globe)

Gila County General Hospital has no long term care Indian patients, at present, for the following reasons:

1) Beds are filled to capacity
2) A long waiting list from the local community

Administrators of the three nursing homes with San Carlos Apache patients indicated that they were operating at capacity. This fact is supported by the data in the following table, columns 4 & 5.

DEMOGRAPHIC DATA OF FACILITIES FOR CARE OF OFF-RESERVATION ELDERLY

Table 11

1	2	3	4	5	6	7	8	9
FACILITY	LOCATION	Distance from San Carlos Reservation	Bed Capacity	Average Daily Patient Load	Indian (2) Admissions for past year	Physician Available	Recreation Facilities Available	Indians Grouped by Tribe
OSHRIN	TUCSON	126 Miles	147 (1)	115	88	YES	YES	YES
AMERICAN INDIAN	LAVEEN	135 Miles	36	35	12	YES	YES	NO
SOUTH MOUNTAIN	PHOENIX	125 Miles	35	35	25	YES	YES	NO
GILA GENERAL	GLOBE	24 Miles	78	82	0	YES	NO	NONE IN FACILITY

(1) Not all beds available for nursing home.... Some are reserved for TB

(2) All Indian patients - not only those from San Carlos

SUMMARY - Of Off-reservation Patients and Facilities

Column 3 shows the distance of these facilities from the San Carlos Reservation and serves as one indicator of the difficulty involved in visits by relatives. This was repeatedly mentioned by the young people interviewed on the reservation.

The elderly are admitted to these facilities with either a medical or social diagnosis, and in some cases both. For the purposes of this study, the social diagnosis included family neglect, abuse, or other indications of the families inability to care for the elderly.

The administrators were asked if the Indian patients were grouped by Tribe to reduce communication problems and to minimize loneliness for those who do not speak English. Only Oshrin Hospital does this. (Column - 9)

The following three tables indicate that the majority of the elderly San Carlos Apache people in the three institutions are satisfied with the care they are receiving now and are happy though all indicated they would prefer to be in a nursing home in San Carlos. None wanted to remain where they were if they had their choice of returning to the reservation.

Off-Reservation San Carlos Elderly Attitude Toward
Quality Of Care
Question-"Are you satisfied with the care you are receiving?"

Table 12

Age	Oshrin (Tucson)		American Indian (Laveen)		South Mountain (Phoenix)		Gila General (Globe)
	Yes*	No**	Yes*	No**	Yes*	No**	
Under 55	1	0	0	0	1	0	
55-64	3	0	3	0	1	0	(NOT APPLICABLE)
65-74	4	0	1	0	0	0	
75-84	6	0	0	0	0	0	
Over 85	1	0	0	0	0	0	
Total	15	0	4	0	2	0	

* Yes - Means Satisfied with Care
** No - Means Not Satisfied with Care
*** Globe has No San Carlos Apache's in the Facility

ATTITUDE OF SAN CARLOS OFF-RESERVATION ELDERLY
TO PRESENT CARE
Question - "Are you happy here?"

Table 13

FACILITY	HAPPY	UNHAPPY
OSHRIN (Tucson)	10	5
AMERICAN INDIAN (Laveen)	4	0
SOUTH MOUNTAIN (Phoenix)	1	1
GILA GENERAL (Globe)	———	———
Total	15	6

OFF-RESERVATION SAN CARLOS ELDERLY

Table 14

	Desire To Transfer To San Carlos Nursing Home (if established)	Desire To Remain Where they are
OSHRIN (Tucson)	15	0
AMERICAN INDIAN (Laveen)	4	0
SOUTH MOUNTAIN (Phoenix)	2	0
GILA GENERAL (Globe)	—	—
Total	21	0

SUMMARY - On-reservation Agencies

The On-reservation Agency Questionnaire was used to interview a total of thirty-four individuals from the San Carlos Apache Tribe, the U. S. Public Health Service, the Bureau of Indian Affairs, the Clergy on reservation, the University of Arizona Extension Service and San Carlos businessmen. The class accepts these opinions as valid because most of the people interviewed have lived and worked with the people of San Carlos for many years.

The tabulation of the questionnaire results are as follows:

Opinions:

1. What is the total population of the San Carlos Reservation?

   5050

2. How many people 55 years of age and over are there on the reservation?

   500

3. Are there enough houses for the elderly?

Table 15

Answer	BIA	Tribe	PHS	Other	Total
Yes			1		1
No	6	5	10	8	29
No Answer			4		4

The concensus of opinion of the people questioned was that additional housing for the elderly is needed. There are presently seventeen houses for the elderly which are tribally owned and are located at San Carlos.

4. Do elderly persons accept living with their families?

Table 16

Answer	BIA	Tribe	PHS	Other	Total
Yes	1	2	10	8	21
No	5	1	1		7
No Answer		2	4		6

5a. Do families accept the elderly who are well living with them?

Table 17

Answer	BIA	Tribe	PHS	Other	Total
Yes	3	2	9	7	21
No	3	1	2	1	7
No Answer		2	4		6

5b. Do families accept the ill or disabled elderly living with them?

Table 18

Answer	BIA	Tribe	PHS	Other	Total
Yes	2		2	1	5
No	4	3	9	7	23
No Answer		2	4		6

The concensus of opinion was that families accept caring for the well elderly but they do not accept caring for the ill or disabled elderly.

6 . How many PHS hospital beds are available for extended care on the reservation?

Answer - None

7 . Is nursing care available for the elderly in the home?

Answer - No

Due to limitations in staff of the Field Nursing Service the care of the elderly is low on the priority list.

8 . What are the three most prevalent diseases of the elderly at San Carlos?

Among those interviewed the frequent answer to this question was "alcohol abuse", "problems resulting from alcohol abuse", and "in families of the elderly it was seen as contributing to the problems of the elderly". However, research of the hospital medical records revealed that the three most prevalent diseases of the elderly, particularly as related to those now in nursing homes, are "high blood pressure", "diabetes", and "kidney infections".

9 . What is the average length of stay of people 55 years and older at the PHS San Carlos Indian Hospital?

For Medical Reasons - 25 days

For Non-medical Reasons - 14 days

10. How many people 55 years and over are hospitalized annually at the PHS San Carlos Indian Hospital?

    For Medical Reasons - Approximately 180

    For Non-medical Reasons - Approximately 144

11. Do recreational facilities exist for the elderly on the San Carlos Reservation?

    No.

    Recreational activities are limited to visiting other elderly persons either in their homes or at the trading posts, and to church sponsored activities.

12. Do occupational opportunities exist for the elderly on the San Carlos Reservation?

    The only occupational opportunities were limited to Arts and Crafts, but the elderly are eligible to participate in the Work Experience Program.

13. What was the admission diagnosis on all of the elderly who are now in off-reservation nursing homes?

    There were no predominant medical diagnosis of the elderly on admission to the off-reservation nursing homes. The admissions varied and were typical of illnesses of the older San Carlos Apache people.

Conclusions and Recommendations

A. The present off-reservation facilities for care of the San Carlos elderly appear to be satisfactory in providing physical and medical needs, but do not provide adequately for their emotional needs.

B. Since the San Carlos Apache generally feels a close bond between himself and his family, his tribe, and his land, he traditionally remains close to his home. It is felt that placing him in a nursing home away from the reservation is emotionally detrimental to him and to his family.

C. The distance of the off-reservation facilities from San Carlos precludes frequent family visits.

D. This separation of the elderly from their family, community, and natural environment was the underlying reason for the elderly's complaint of loneliness, and prevents their involvement in their traditional cultural and social relationships.

E. All of the people interviewed, on and off the reservation, strongly feel that a nursing home is needed.

F. All of the elderly presently in nursing homes want to return to San Carlos.

G. In some instances, as evidenced by table 7, the separation may also be financially and otherwise detrimental.

CONCLUSIONS AND RECOMMENDATIONS - (Continued)

H. There is a high percentage of people on the San Carlos Reservation who need a nursing home facility as evidenced by:

1) The large number of hospital admissions for non-medical reasons (144).

2) The large number of elderly for whom admission to a nursing home has been advised.

I. There is some evidence that shows that a day care facility may be needed:

1) Thirteen (13) of the elderly interviewed live alone, but it was observed that these received at least partial care from neighbors or relatives.

2) There is no organized form of recreation for the elderly.

J. Information gathered by the group conducting the on-reservation interviews reinforced a felt need already expressed by the general population for a facility for the elderly. However, it was apparent that a single approach would not fulfil the most basic needs, those of adequate housing for the elderly, home nursing care, recreational activities, and occupational opportunities.

RECOMMENDATIONS

(1) Some system of care for the elderly should be provided on the San Carlos Reservation.

(2) A cooperative effort between concerned organizations and agencies should begin immediately to identify resources which will lead to the establishment of a facility and/or services for the elderly.

(3) More research should be done to establish what form such facilities and/or services should take. Forms to be studied should include a day care facility, nursing home, home health aids, homemaker service, or combinations of any of these.

(4) Until the above 3 recommendations are completed, efforts should be made to encourage and facilitate more frequent visits to the elderly in nursing homes by their families and friends, and to make provisions for these elderly to periodically visit San Carlos.

APPENDICES

EPIDEMIOLOGY AND HEALTH SERVICES
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Epidemiology	Mr. Norman Petersen Sanitary Engineer, NCDC Project Chief, NASA Interplanetary Quarantine Investigations Phoenix, Arizona
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Introduction to Critical Path Planning	Jerry Sanders, Ph.D. Department of Systems Engineering University of Arizona Tucson, Arizona
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Phoenix Area Liaison Officer	Mr. Robert Marsland Area Chief of Training Phoenix Area Indian Health Service Phoenix, Arizona
San Carlos, Arizona Service Unit	Daniel Kashinsky, M.D. Service Unit Director Dena Jordan Health Educator
San Carlos Apache Tribe	Horace Little CHR Supervisor

ROSTER OF TRAINEES

Feb. 15-Mar. 5, 1971 TC-71-2

1. Rudolph Bustamante, M.D.
General Medical Officer
PHS Indian Hospital
San Carlos, Arizona

2. Samuel DeCorse
Area EEO Officer
Phoenix Area IHS
Phoenix, Arizona

3. Donald W. Dippe, M.D.
Chief of Ophthalmology
Alaska Native Medical Center
Anchorage, Alaska

4. Aubrie L. Duncan
Chief, Pharmacy Services
PHS Indian Hospital
Winnebago, Nebraska

5. Bert P. Eder
Alcoholism Project
Rocky Mountain College
Billings, Montana

6. Sidney J. Gault
Sanitarian
Indian Health Service
Seattle, Washington

7. Anthony W. Harris
Budget/Accounting Analyst
Office of Program Dev.
Tucson, Arizona

8. Floreine V. Johnson
CHR, Santee Sioux Tribe
of Nebraska
Niobrara, Nebraska

9. Floyd L. Lashly, Jr.
Field Sanitarian
PHS Indian Hospital
Winslow, Arizona

10. Gary T. Longley, Sr.
Chief, Comm. Health Aide
Program Branch, AANHS
Anchorage, Alaska

11. William A. Millar, II
Administrative Officer
PHS Indian Hospital
Albuquerque, New Mexico

12. Jose F. Montoya
Administrative Officer
PHS Indian Hospital
Mescalero, New Mexico

13. Essrin Morris
Area Program Planning Officer
Aberdeen Area IHS
Aberdeen, South Dakota

14. Donald Pope
Management Trainee
IHS Headquarters
Rockville, Maryland

15. Arleigh Rhoads
Service Unit Director
PHS Indian Health Center
Shawnee, Oklahoma

16. Adele M. Thiel
Public Health Nurse
PHS Indian Health Center
Box Elder, Montana

17. Wayne M. Turner
Pharmacy Resident
PHS Indian Hospital
Gallup, New Mexico

18. Luella Van Every
Public Health Nurse
PHS Indian Hospital
Philadelphia, Mississippi

19. Frank H. Wahpepah, Jr.
Service Unit Director
PHS Indian Hospital
Claremore, Oklahoma

20. Elizabeth Waldhaus
PHN Coordinator
Alaska Native Medical Center
Anchorage, Alaska

21. Betty J. Watasilo
School Nurse
PHS Field Health
Crownpoint, New Mexico

This questionnaire is to gather information concerning the social, physical, and environmental status of the elderly on the San Carlos Apache Reservation. This is to be done as a training class exercise by a management training group from the Indian Health Service, Desert Willow Training Center, Tucson, Arizona. It is hoped, with your cooperation, that any problems concerning the elderly may be exposed, and the information presented after the study may assist the San Carlos Apache Tribe and other involved agencies and individuals in reaching solutions to the problem that may be found.

OFF RESERVATION AGENCY QUESTIONNAIRE

Agency Data_____

Name of Agency_____

Name of Person Interviewed_____

Title of Person Interviewed_____

1. What is the bed capacity of:

   1. Oshrin
   2. Laveen
   3. Globe

2. What is your average daily patient load?

   1. Oshrin
   2. Laveen
   3. Globe

3. Are recreational facilities available at:

   1. Oshrin
   2. Laveen
   3. Globe

4. What was the primary reason for admission to a nursing home of the 20 people who are now in nursing homes?

   (Check one) Medical

   Social

   Other

5. What is the average length of stay?

6. Is there a doctor immediately available?

   1. Oshrin

   2. Laveen

7. How many Indian patients have you admitted into your long term facility in the past year?

8. Are your Indian patients grouped by tribes?

ELDERLY OFF-RESERVATION QUESTIONNAIRE

Demographic Data_____

Name_____

Age of the elderly (Circle one) 55-64 65-74 75-84 Over 85

Sex Male_____ Female_____

Marital Status (Circle one) S M W D

Home Address_____

Number of people in the family unit_____

QUESTIONS ASKED OF THE ELDERLY:

1. Are you satisfied with the care you are receiving here?

   a. Oshrin

   b. Laveen

2. If there were a nursing home on the San Carlos Reservation, would you prefer to transfer there or remain here?

3. Are you happy here?

   Yes_____

   No_____

   Other_____

ON RESERVATION FAMILY QUESTIONNAIRE

Demographic Data of Elderly Person)s)

1. Name_____

2. Age (circle one) 55-64 65-74 75-84 85 or over

3. Sex (circle one) Male_____ Female_____

4. Marital Status (circle one) S M W D

5. Address_____

6. Number of people in family unit_____

7. Can you perform these functions for yourself?

Function		
A. Cooking	Yes_____	No_____
B. Bathing	Yes_____	No_____
C. Feeding	Yes_____	No_____
D. Dressing	Yes_____	No_____
E. Getting to the hospital	Yes_____	No_____

8. Who do you think should take care of the elderly?

Check One: A. Family_____
B. Tribe_____
C. PHS-BIA_____
D. Self _____

9. Do you think San Carlos should have a nursing home? Yes_____ No_____

10. Has anyone suggested that you should go to a nursing home? Yes____ No____

If yes, who? (check one)

Family_____

Doctor_____

Social Worker_____

Self_____

Other_____

11. Would you go to a nursing home?

Off reservation_____ Yes_____ No_____

On reservation_____ Yes_____ No_____

Regardless of location_____ Yes_____ No_____

B. Questions Asked of the Young

1. How does the elderly help around the home?

A. For household chores	Yes_____	No_____
B. For baby sitting	Yes_____	No_____
C. Some Financial Assistance	Yes_____	No_____
D. For emotional needs	Yes_____	No_____
E. Other	Yes_____	No_____

2. Would you have a hard time if the elderly were not at home? YES_____ NO_____

3. Do you think the elderly person in this family should go to a nursing home?

Yes_____ No_____

4. Do you think San Carlos needs a nursing home Yes_____ No_____

5. Who do you think should provide this?

Check one: A. Tribe_____

B. PHS-BIA

6. If you were not able to take care of your elderly, who do you think should?

C. Questions Asked of the Young Who Have Family Members in a Nursing Home

1. Do you think San Carlos needs a nursing home?

   Yes_____ No_____

2. Does the location of the nursing home that your relative is in make it difficult for you to visit?

   Yes_____ No_____

   What Nursing Home?_____

3. How many times have you visited in the past year?

4. Would you visit your relative more often if they were in a nursing home in San Carlos?

ON RESERVATION AGENCY QUESTIONNAIRE

Name of Agency

Name of Person Interviewed

Title of Person Interviewed

1. What is the total population of the San Carlos Reservation?

2. How many people 55 years of age or over are there on the San Carlos Reservation?

3. Are there enough houses for the elderly?

Yes_____ No_____

4. Do elderly persons accept living with their families?

5. Do families accept the elderly living with them?

Yes No

Well

Ill

6. How many hospital beds are available for extended care on the reservation?

7. Is nursing care available to the elderly in the home?

8. What is the average length of stay of people 55 years or older at San Carlos?

For medical reasons_____

For non-medical reasons_____

10. How many people 55 years or older are hospitalized annually at San Carlos?

    For medical reasons

    For non-medical reasons

11. Do recreational facilities exist for the elderly on the San Carlos Reservation?

12. Do occupational opportunities exist for the elderly on the San Carlos Reservation?

13. What was the admission diagnosis on all of the elderly who are now in off-reservation nursing homes?

Block
1) Questionnaire ID - 1st digit
2) Questionnaire ID - 2nd digit
3) Questionnaire ID - 3rd digit

ODING KEY FOR IBM PUNCH CARD SORT

ON RESERVATION FAMILY QUESTIONNAIRE

Demographic Data of Elderly Person(s)

Block

4 2. Age(circle one) 1 (55-64) 2 (65-74) 3 (75-84) 4 (85 or over) 9 No Information

5 3. Sex (check one) Male 1 Female 2 9 No Information

6 4. Marital Status (circle one) 1-(S) 2-(M) 3-(W) 4-(D) 9-No Information

7 5. Address 1-Gilson 2-Peridot 3-Seven Miles 4-Bylas 9-No Information

8 6. Number of people in family unit 1=0-1 / 2=2-4 / 3=5-7 / 4=7+ / 9=No Information

9-13. Can you perform these functions for yourself?

	Function			
9-	A. Cooking	Yes 1	No 2	9 No Information
10-	B. Bathing	Yes 1	No 2	9 No Information
11-	C. Feeding	Yes 1	No 2	9 No Information
12-	D. Dressing	Yes 1	No 2	9 No Information
13-	E. Getting to the hospital	Yes 1	No 2	9 No Information

14-8. Who do you think should take care of the elderly?

Check One: A. Family 1 9= No Information

B. Tribe 2

C. PHS-BIA 3

D. Self 4

15-9. Do you think San Carlos should have a nursing home?

Yes 1 No 2 9= No Information

Block

16-10. Has anyone suggested that you should go to a nursing home? Yes____ No 0

If yes, who? (check one) 9=No Information

Family 1

Doctor 2

Social Worker 3

Self 4

Other 5

11. Would you go to a nursing home?

Block				
17 -Off reservation	Yes 1	No 2	9 -No Information	
18 -On reservation	Yes 1	No 2	9 -No Information	
19 -Regardless of location	Yes 1	No 2	9 -No Information	

B. Questions Asked of the Young

1. How does the elderly help around the home?

Block

20- A. For household chores Yes 1 No 2 9 -No Information

21- B. For baby sitting Yes 1 No 2 9 -No Information

22- C. Some Financial Assistance Yes 1 No 2 9 -No Information

23- D. For emotional needs Yes 1 No 2 9 -No Information

24- E. Other Yes 1 No 2 9 -No Information

25- 2. Would you have a hard time if the elderly were not at home? YES 1 NO 2 9= No Information

26- 3. Do you think the elderly person in this family should go to nursing home? Yes 1 No 2 9= No Information

27- 4. Do you think San Carlos needs a nursing home? Yes 1 No 2 9= No Information

28- 5. Who do you think should provide this?

Check one: A. Tribe 1

B. PHS - BIA 2

9= No Information

29- 6. If you were not able to take care of your elderly, who do you think should?

Catagorize Answers
4 or less

1 Nursing Home

2 Family

3 BIA - PHS

4 Tribe

No Information

C. Questions Asked of the Young Who Have Family Members in a Nursing Home

Block

30- 1. Do you think San Carlos needs a nursing home? YES 1 NO 2 9 =NO INFORMATION

31- 2. Does the location of the nursing home that your relative is in make it difficult for your visit?

Yes_____ No_____

What Nursing Home?_____

32- 3. How many times have you visited in the past year?

0 = None 1 = Once 2 = 2-5 3 = 6 & Over 9 = No Information

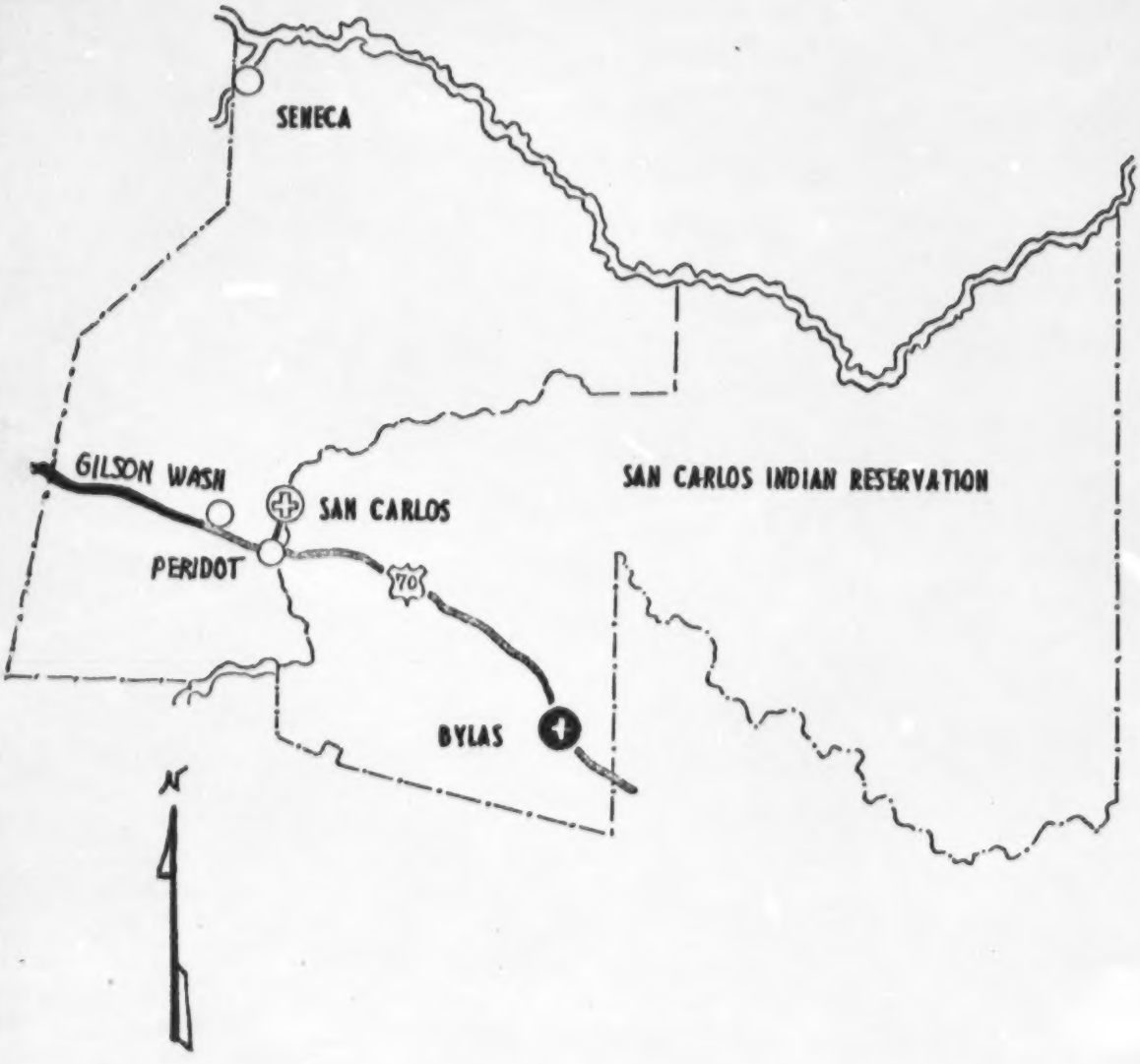
33- 4. Would you visit your relative more often if they were in a nursing home in San Carlos?

1 = Yes 2 = No 9 = No Information

1 - Yes - Oshrin	5 - No - Oshrin	9 = No Information
2 - Yes - Laveen	6 - No - Laveen	
3 - Yes - Phoenix	7 - No - Phoenix	
4 - Yes - Globe	8 - No - Globe	

IBM Card Worksheet

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30
31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50
51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70
71	72	73	74	75	76	77	78	79	80


SENECA
GILSON WASH
SAN CARLOS
SAN CARLOS INDIAN RESERVATION
PERIDOT
70
BYLAS
N

ORGANIZATIONAL STRUCTURE
SAN CARLOS FIELD STUDY